

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-006483	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>149</u> Primary Registration District No. <u>1002</u> Registrar's No. <u>982</u>											
<div> <div> <div>AMENDED</div> <div>DATE AMENDED</div> <div>INSTEAD OF</div> <div>SHOULD READ</div> </div> <div> <div>FILED MAR 7 1962</div> <div>1. PLACE OF DEATH</div> <div>a. COUNTY <u>JACKSON</u></div> <div>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u></div> <div>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u></div> </div> <div> <div>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</div> <div>a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u></div> <div>c. CITY OR TOWN <u>Rocky Mount</u></div> <div>d. STREET ADDRESS (If outside, give location)</div> </div> </div>											
<div> <div>3. NAME OF DECEASED</div> <div>(Type or print) <u>Fred</u> <u>Enfield</u></div> </div> <div> <div>4. DATE OF DEATH</div> <div>Month <u>February</u> Day <u>15</u> Year <u>1962</u></div> </div>											
<div> <div>5. SEX <u>Male</u></div> <div>6. COLOR OR RACE <u>White</u></div> <div>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></div> <div>8. DATE OF BIRTH <u>Aug 20-1889</u></div> <div>9. AGE (last birthday) <u>72</u></div> <div>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store Owner</u></div> <div>11. BIRTHPLACE (City and state or country) <u>Linn Kansas</u></div> <div>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></div> </div>											
<div> <div>13a. FATHER'S NAME <u>Jacob Enfield</u></div> <div>13b. MOTHER'S MAIDEN NAME <u>Elsie Robinson</u></div> <div>14. NAME OF HUSBAND OR WIFE <u>Mildred Bell Enfield</u></div> </div>											
<div> <div>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u></div> <div>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></div> <div>17. INFORMANT <u>Mildred B. Enfield, Rocky Mount, Mo.</u></div> </div>											
<div> <div>18. CAUSE OF DEATH (Enter only one cause per line)</div> <div>PART I. DEATH WAS CAUSED BY:</div> <div>IMMEDIATE CAUSE (a) <u>Myocardial Infarction - Massive</u></div> <div>INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u></div> <div>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</div> <div>DUE TO (b) _____</div> <div>DUE TO (c) _____</div> </div>											
<div> <div>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</div> <div>PART III. If deceased was female was there a pregnancy in last 90 days.</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</div> </div>											
<div> <div>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></div> <div>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></div> <div>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>0</u></div> </div>											
<div> <div>20c. TIME OF INJURY</div> <div>Hour _____ a.m. _____ p.m.</div> <div>Month, Day, Year <u>0</u></div> </div>											
<div> <div>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></div> <div>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City</u></div> <div>20f. CITY, TOWN, OR LOCATION <u>Jackson</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u></div> </div>											
<div> <div>21. I attended the deceased from <u>Feb. 10/62</u> to <u>Feb. 13/62</u> and last saw her alive on <u>Feb. 13/62</u></div> <div>Death occurred at <u>1:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</div> </div>											
<div> <div>22a. SIGNATURE (Degree or title) <u>Fred C. Young MD</u></div> <div>22b. ADDRESS <u>1401 S.W. Blvd. Kans. City, Mo.</u></div> <div>22c. DATE SIGNED <u>2/16/62</u></div> </div>											
<div> <div>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></div> <div>23b. DATE <u>Feb 19-1962</u></div> <div>23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u></div> <div>23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u></div> </div>											
<div> <div>24. FUNERAL DIRECTOR <u>Gates, 1901 Olatho Blvd, Kansas City, Mo.</u></div> <div>25. DATE RECD. BY LOCAL REG. <u>2-19-62</u></div> <div>26. REGISTRAR'S SIGNATURE <u>Ruth Long</u></div> </div>											

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul L. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.